

ROLAND REVITALIZATION PLAN
ROLAND, IOWA

APPLICATION FOR TAX ABATEMENT

NAME _____

ADDRESS _____

LEGAL DESCRIPTION
OF PROPERTY _____

NATURE OF IMPROVEMENT _____

COST OF IMPROVEMENT _____

DATE OF COMPLETION OF IMPROVEMENT _____

Signature _____

Date _____

OFFICE USE ONLY

Council approval given on (date) _____

Signature _____

Title _____